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Chairman Lynch, Ranking Member Hice, and distinguished Members of the Subcommittee, we thank you for the opportunity to appear before you today to discuss the Department of Defense's suicide prevention efforts. We will discuss the deliberate efforts the Department has made to prevent suicides in our military community including: establishment of policy and enterprise-wide governance, standardized data surveillance, program implementation and evaluation, including clinical interventions, and effective partnering and engagement with the Military Services, other federal agencies, and a variety of other public and non-profit organizations. We will also highlight advances that have been made in recent years in these areas, the evidence base for suicide prevention, as well as additional work underway. Nevertheless, much more work remains to be done to support our Service members and their families.

The Department of Defense (DoD) supports and protects our country's defenders, so we do everything possible to prevent suicide, and suicide prevention remains a top DoD priority. Underpinning our efforts is a recognition that suicide is preventable and the loss of a single life to suicide of one of our Service members is one too many. Suicide is the culmination of complex interactions between biological, social, and psychological factors operating at individual, community, and societal levels.

We have unfortunately witnessed the devastation that family and friends experience after the suicide of a loved one. Every life lost is a tragedy – every one of them has a deeply personal story. Behind each death, we know there are families with shattered lives and we cannot rest until we have created every opportunity to prevent this tragedy among our Nation's bravest.

DEFENSE STRATEGY FOR SUICIDE PREVENTION

The DoD embraces a public health approach to suicide prevention that acknowledges a complex interplay of individual-, relationship-, and population-based risk factors. As a result, this

approach focuses on reducing suicide risk of all Service members by attempting to address a myriad of underlying risk factors and socio-demographic factors (e.g., reluctance towards help-seeking, relationship problems, financial difficulties, mental health issues including personality disorders, unhealthy alcohol or drug use, and access to lethal means) that increase the likelihood of its occurrence, while also enhancing protective factors. The Department's suicide prevention efforts are guided by the Defense Strategy for Suicide Prevention (DSSP), which was signed in December 2015, and created the foundation and alignment of efforts to focus on prevention activities with the greatest potential to prevent suicide. When developing the DSSP, we worked with the experts in the field and aligned our strategy to the National Strategy for Suicide Prevention (NSSP). The DSSP uses the public health framework laid out in the NSSP, as published in 2012 by the Department of Health and Human Services, Office of the U.S. Surgeon General. Hence, the Department embraces both community-based prevention efforts and medical care and treatment to address suicidal thoughts and risk behaviors.

ENTERPRISE-WIDE GOVERNANCE FOR SUICIDE PREVENTION

A suicide prevention governance body, led by senior executive leaders, flag officers and general officers from the Military Services, Office of Force Resiliency, Office of the Assistant Secretary of Defense for Health Affairs, Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs, Joint Staff, National Guard Bureau, and the U.S. Coast Guard, guide the Department's suicide prevention efforts. This Suicide Prevention General Officer Steering Committee (SPGOSC) addresses present, emerging, and future suicide prevention needs, employing data-driven, evidence-informed practices that have DoD-wide applicability. The SPGOSC provides guidance for the Department to implement suicide prevention efforts. In addition, a complementary action-officer level committee - the Suicide Prevention and Risk Reduction Committee (SPARRC) - is responsible for coordinated implementation of the guidance

provided by the SPGOSC. The SPARRC also provides an opportunity for collaboration, communication, and documentation of suicide prevention promising practices across the DoD.

PUBLIC HEALTH APPROACH

The Department follows a public health approach to suicide prevention, organized along five pillars. These pillars – Policy, Data Surveillance, Program Implementation and Evaluation, Clinical Interventions, and Outreach and Partnerships - are complementary and enable an integrated and data-driven approach to suicide prevention. It is through these efforts that we support a ready and resilient force that encompasses Service members and their families.

Policy

Policy is the mechanism through which the Department provides oversight and guidance to shape the military Services' suicide prevention efforts. With the DSSP as its strategic foundation, the Department developed the Suicide Prevention Training Competency Framework in 2016. This framework identifies core knowledge, skills, abilities and characteristics required for suicide prevention training and education, enabling greater standardization in suicide prevention training and education across the DoD.

In November 2017, the Department published the first Department of Defense Instruction (DoDI) 6490.16, *Defense Suicide Prevention Program,* on suicide prevention, serving as a framework to shape and direct the suicide prevention programming across the Department, as well as enable standardization in data surveillance and reporting. The Department is currently evaluating DoDI compliance and will also continue to update the DoDI, as needed in partnership with the Military Services, to ensure Departmental suicide prevention programs and efforts align with current data-driven, evidence-informed approaches to suicide prevention.

Data Surveillance

The Department is committed to both timeliness and transparency in the reporting of

surveillance data on suicide mortality. The Department of Defense Suicide Event Report (DoDSER) system collects data on suicides and suicide attempts to facilitate assessment of suicide risk factors. Over the past few years, the Department has improved the quality of suicide-related data throughout the Department, and published guidance to ensure reliability and comparability of surveillance data across the military Services, including the Reserve Component. The DoD and the Department of Veterans Affairs (VA) have partnered to jointly create a DoD/VA interagency Suicide Data Repository (SDR), which improves our ability to understand patterns of suicide both before and after military separation. In addition, the SDR is made available to DoD and VA researchers in order to better understand the phenomenology of suicide, and perhaps in time, be better able to identify vulnerable individuals prospectively in order to deliver evidence-based treatments.

The Department currently publishes the most up-to-date counts of suicide deaths in the DoD Quarterly Suicide Report. While counts are useful, rates allow for comparisons over time and across populations. Recognizing the need to publish more timely suicide rates, beginning this calendar year, the Department will release the official annual counts and rates of suicide deaths among Service members in an Annual Suicide Report (ASR). The inaugural ASR will be publically released this summer and will provide calendar year 2018 annual suicide data for Service members, as well as provide the first published suicide statistics for military dependent suicide deaths. The ASR will also enable us to monitor trends in suicide over time, and identify risk factors and protective factors for suicide.

Additionally, the Department is supplementing our surveillance activities with several new data sources. For example, we are leveraging a DoD enterprise-wide survey instrument, the Status of the Forces Survey – Active Duty (SOFS-A), to assess factors associated with Service member risk for suicide-related behaviors. This will enhance our understanding of risk and protective

factors, Service members' help-seeking behaviors, their perceived barriers to seeking care, and their level of awareness of suicide-related support resources, among other areas. This effort will be expanded to the Status of the Forces Survey – Reserve Component (SOFS-R), upon finalization of the pilot and validation of the new SOFS-A questions.

Program Implementation and Evaluation

The DoD has implemented a number of suicide prevention initiatives and resources to educate and foster awareness, foster leader and Service member connections, encourage peer engagement, and improve communication skills, and embed mental health and non-medical counseling professionals in military units, among other efforts. Additionally, Service members are encouraged to utilize important resources such as the Veterans and Military Crisis Line, a crisis hotline operated by the VA for Service members, Veterans and their families, and Military OneSource, which provides confidential counseling and peer support.

As suicide prevention is a relatively young science that is quickly advancing, the Department has also recently launched several evidence-informed pilots related to means safety education, problem-solving, and responsible media reporting. For example, Service member data demonstrates that many Service members prefer to solve their own life challenges; and as such, the *Rational-Thinking and Emotional-Regulation through Problem-Solving (REPS)* training - an interactive, evidence-informed educational program designed to improve recruits' short- and long-term functioning in the areas of rational thinking and problem solving - will be piloted with the Navy this year. As another example, the Department is piloting the *Resources Exist and Can Help (REACH) training*, which supports suicide prevention efforts by encouraging Service members to seek out non-medical counseling early on, before life challenges become overwhelming.

To ensure a comprehensive approach to evaluating the effectiveness of the Department's current and pilot suicide prevention initiatives, the DoD developed a robust program evaluation

framework, in collaboration with the Military Services. This new framework maps goals, objectives, and initiatives articulated in the DSSP to measurable outcomes, employing two types of outcomes to measure progress and effectiveness. The first set are distal outcomes, to include reduction in suicide deaths and attempts. Reductions in suicidal behaviors constitute the ultimate indicators for success; however, achieving a reduction in these behaviors requires a coordinated implementation of multiple suicide prevention initiatives and activities over time.

For a more immediate understanding of the effectiveness of suicide prevention initiatives, the Department also developed proximal outcomes, such as improving safe communication and reporting practices about suicide, increasing help-seeking behaviors, and reducing perceived barriers to care. These proximal outcomes address the different risk factors (e.g., individual and environmental factors that make suicide more likely to occur) and protective factors (e.g., individual and environmental factors that buffer the risk for suicide). Positive changes in proximal outcomes are expected to lead to positive changes in distal outcomes, which is the reduction of suicide deaths and attempts.

Clinical Interventions

In addition to the aforementioned population-based suicide prevention initiatives and resources, there is some evidence that a short list of clinical practices reduces suicide in specific patient populations, all of which are at higher risk for suicide than the general population. It is important to note that all of the clinical practices listed below have small effect sizes, meaning that a clinician must treat several patients to achieve one changed outcome. These interventions include: Cognitive Behavioral Therapy-based interventions focused on suicide prevention for patients with a recent history of self-directed violence; Dialectical Behavioral Therapy for individuals with borderline personality disorder and recent self-directed violence; and crisis response plans for individuals with suicidal ideation or a lifetime history of suicide attempts.

Additionally, other clinical practices are promising such as problem-solving based therapy for patients with a history of more than one incident of self-directed violence to reduce repeat incidents of self-directed violence; patients with a history of recent self-directed violence to reduce suicidal ideation; and patients with hopelessness and a history of moderate to severe traumatic brain injury.

Medications also have some effect in patients with the presence of suicidal ideation and major depressive disorder, such as ketamine infusion as an effective adjunctive treatment for short-term reduction in suicidal ideation. Lithium alone (among patients with bipolar disorder) or in combination with another psychotropic agent (among patients with unipolar depression or bipolar disorder) decreases the risk of death by suicide in patients with mood disorders. Clozapine decreases the risk of death by suicide in patients with schizophrenia or schizoaffective disorder and either suicidal ideation or a history of suicide attempt. Lastly, caring contacts have evidence of effectiveness. This could include periodic caring communications (e.g., postcards) or home visits after a suicide attempt.

Note that a commonly used method for suicide among Service members is medication overdose. Access to opioid medications has been associated with increased rates of intentional and unintentional overdose death. The Department's successful efforts to stem opiate addiction can be considered a successful suicide prevention initiative to include: random drug testing for all Service members; pharmacy controls for all opiate medications; ready access to stepped pain care for all individuals (100% of Service members receive medical care annually); and wide availability of the opiate reversal medication, naloxone.

Outreach and Partnerships

Our Service members and their families are actively engaged members of the communities they live in. From the vibrant, bustling cities to the quiet picturesque rural town, Service members contribute to and are influenced by where they live. Partnerships with national and local

organizations are essential in creating the robust safety net for our Service members and Veterans. These partnerships are especially important for the Reserve Component, who do not traditionally have as easy access to installation-level resources as the Active Component does.

Our collaborative efforts with non-profit organizations, academia, the Military Services, and other federal agencies are critical to advancing our suicide prevention efforts. For example, the Department is part of a national public-private partnership - the National Action Alliance for Suicide Prevention - which is focused on promoting hope, help-seeking, and education about available services, resources and support. We also work closely with the Tragedy Assistance Program for Survivors (TAPS) to ensure that postvention support services are available for suicide loss survivors. Further, we participate in the Lived Experience Group, led by TAPS, to advance suicide prevention efforts with the informed voice of those who survived a suicide attempt or have suffered suicide loss.

The Department also partners with other federal agencies, such as the National Institute of Mental Health to guide research priorities for suicide prevention through the National Research Action Plan, and, in particular, has close collaborations with the VA. As an example of this partnership, the DoD and VA have held a biennial suicide prevention conference since 2004. This event is the only national suicide prevention conference that specifically addresses suicide in military and Veteran populations. In recent years, we have extended our suicide prevention conference reach by partnering with stakeholders across the suicide prevention space. The conference provides an opportunity for leaders, Service members, clinicians, behavioral health and suicide prevention experts, and community health providers to share their expertise and learn about the latest research and promising practices for preventing suicide in our military and Veteran communities.

The Department also has a robust effort with the VA and the Department of Homeland

Security (DHS) focusing on the higher risk population of transitioning Service members. In 2017, DoD and VA leadership created an interagency governance structure to address this higher-risk population, which provided a formalized structure to facilitate cooperation and collaboration between the DoD and VA. These efforts received a boost when the President signed Executive Order (E.O.) 13822 in January 2018, requiring the secretaries of DoD, VA, and DHS to work together to create a robust Joint Action Plan to ensure seamless access to mental health care and suicide prevention resources for transitioning Service members and Veterans during their first year after retirement or separation from the military.

In December 2018, the agencies provided a progress report to the White House regarding the status of the implementation of the Joint Action Plan. Examples of completed initiatives to date include: expanding Military OneSource to provides confidential counseling to Service members and their families from 180 days to now up to 365 days after separation or retirement; enhancing the Transition Assistance Program with regard to providing greater awareness of suicide prevention and mental health care resources available for transitioning Service members and recent Veterans; and extending a warm handover to transitioning Service members in need of (or requesting) additional psychosocial support to follow-on peer support services. We continue to closely monitor the implementation status and outcomes metrics of the 16 initiatives in this plan to help close identified gaps in mental health care and suicide prevention resources for all transitioning Service members and Veterans. Moreover, the VA, DoD, and DHS will continue our strong collaborative efforts (in partnership with other federal agencies) via the recently signed E.O. 13861, focusing on Veteran suicide prevention.

CONCLUSION

In closing, we would like to reaffirm that we are grateful for the opportunity to speak with you today and discuss the Department's suicide prevention efforts. The families and friends of our

Service members we have lost to suicide deserve transparency regarding the actions the Department is taking to prevent such tragedies in the future. As a Department, we have made strides in establishing the infrastructure for preventing military suicide by: aligning our strategy with the public health approach, establishing policy guidance and an enterprise-wide governance body, standardizing and advancing data surveillance, research, clinical interventions, program evaluation, as well as partnering and engaging with the Military Services, federal agencies, and other public and non-profit organizations. This subcommittee is an extension of such important partnerships by holding us accountable, exploring where we can improve, and assisting us when needed. We fully recognize that we have more work to do, and much more progress to make, to prevent this tragic loss of life. In closing, Mr. Chairman, we thank you, the Ranking member, and the members of this subcommittee for your steadfast dedication and support of the men, women, and their families who proudly defend and protect our great Nation.